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**EMERGENCY CONTACT INFORMATION**

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In case of emergency, I would like the District to attempt to contact the following individual(s):

***Primary Contact:***

**Name:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

\_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

***Alternate Contact:***

**Name:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

\_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

EMPLOYEE NAME

DATE \_\_\_\_\_

SIGNATURE

\_\_\_\_\_

**NOTE: IT IS IMPORTANT THAT YOU UPDATE THIS FORM WHEN CHANGES OCCUR THAT WOULD AFFECT WHO YOUR EMERGENCY CONTACT IS.**